



The purpose of this document is to communicate relevant information to our cancer reporters in the new version of Web Plus. This includes:

- Demonstrating new functionality in the system.
- Describing important changes to cancer reporting requirements for North American Association of Central Cancer Registries (NAACCR) Version 25 (v25).
- Outlining our Web Plus reporting requirements. Please see the Ohio Cancer Incidence Surveillance System (OCISS) [Reporting Source Manual](#) for more information.

Please contact Kaitlin Kruger at 614-728-2304 or [Kaitlin.Kruger@odh.ohio.gov](mailto:Kaitlin.Kruger@odh.ohio.gov) with questions or issues regarding v25.

## New and Updated Data Items

- **PD-L1.** This is a new Site-Specific Data Item (SSDI) collected for **lung primaries** diagnosed 2025 and later. Programmed Cell Death Ligand 1 (PD-L1) is a treatment-related SSDI and is done for non-small cell lung cancers and the absence or presence of expression determines if a tumor will respond to treatment with a targeted inhibitor.
- **PTLD.** This is a new SSDI for **hematopoietic primaries** diagnosed 2025 and later. Post Transplant Lymphoproliferative Disorder (PTLD) is a lymphoid proliferation arising in a recipient of a solid organ transplant, allogeneic bone marrow transplantation, or an umbilical cord blood transfusion. The development of PTLD is clinically significant and a prognostic indicator.
- Both data items are required when applicable. The new data items have been added to the form in Web Plus in the staging section:

STAGING FOR CASES DIAGNOSED 2018 AND LATER		
Summary Stage 2018	<input type="text"/>	
Brain Molecular Markers	<input type="text"/>	
Brain Primary Tumor Location	<input type="text"/>	
Breslow Tumor Thickness	<input type="text"/>	
Esophagus and EGJ Tumor Epicenter	<input type="text"/>	
Estrogen Receptor Summary	<input type="text"/>	
Fibrosis Score	<input type="text"/>	
Gleason Patterns Clinical	<input type="text"/>	
Gleason Patterns Pathological	<input type="text"/>	
Gleason Score Clinical	<input type="text"/>	
Gleason Score Pathological	<input type="text"/>	
Gleason Tertiary Pattern	<input type="text"/>	
HER2 Overall Summary	<input type="text"/>	
Histologic Subtype	<input type="text"/>	
LDH Lab Value	<input type="text"/>	
Microsatellite Instability (MSI)	<input type="text"/>	
p16	<input type="text"/>	
PD-L1	<input type="text"/>	
Progesterone Receptor Summary	<input type="text"/>	
PSA (Prostatic Specific Antigen) Value	<input type="text"/>	
PTLD	<input type="text"/>	

## Reportability Changes:

- As of Jan. 1, 2025, Post Transplant Lymphoproliferative Disorder (PTLD) 9971/1, by itself, is reportable as 9971/3.
  - If PTLD is mentioned in association with lymphoma, lymphoma-CLL/SLL, plasma cell disorders, plasma cell myeloma, primary cutaneous lymphoma, **code the SSDI**.
  - Refer to the [Hematopoietic Manual](#) for additional information.

## New Functionality:

- **Password resets.** Users still need to contact OCISS when requesting a password reset. However, temporary passwords will now be system generated and sent to your email. If you call OCISS for a password reset, you will need to check your email for the temporary password.
- **Searching for abstracts.** On the Find Abstracts page, you can now search for cases based on date of diagnosis. You will be able to search by either a full date or just the year.

## Additional Notes for Hospitals:

- The [Solid Tumor Rules](#) manual is now one consolidated manual instead of separate modules.
- Standard setters have introduced the Pediatric Data Collection System (PDCS) in NAACCR v25. OCISS is not requiring the PDCS fields in v25. However, if your software vendor supports the PDCS and your hospital registry chooses to complete the PDCS data fields, you can submit them to OCISS. NAACCR has developed [additional training materials](#) for coding the PDCS. For more information, please see the NAACCR [Implementation Guidelines](#).
- Please note changes in the STORE Manual related to coding the first course of treatment. If the first course of treatment plan changes due to an improvement in the tumor burden, the added treatment would still be considered first course.

## For those who DIRECT ENTER cases in Web Plus

If you **started diagnosis year 2025 abstracts in the previous version of Web Plus**, please note that each abstract will need to be opened, reviewed, and released individually. There is no way to release or submit all 2025 abstracts at the same time.

Incomplete 2025 abstracts may have edit errors to review and resolve. All 2025 abstracts should be reviewed to make sure the information is correct after the update. Certain primary sites may have more edit errors to resolve than others.

If you **completed abstracts in the previous version of Web Plus, but did not release them**, you will need to open each abstract individually to review edit errors and release. These may or may not have edit errors to review when you open them. All abstracts must be reviewed to make sure the information is correct after the update.

**Please do not release abstracts from the Release Abstracts tab until each abstract has been opened and reviewed in the new version of Web Plus.**

To find incomplete or unreleased abstracts:

- Sign into Web Plus.
- Click Non Hospital Cancer Report OR Individual Cancer Case Report under your facility's name.
- On the next page, on the top blue bar, select Find/Open Abstract.
- Filter for incomplete abstracts by selecting Incomplete from the Status dropdown menu. Filter for complete but unreleased abstracts by selecting Complete from the Status dropdown menu.

## Find Abstract

To view a listing of all abstracts, click Find.

To find an abstract for a specific patient, enter the patient's first or last name in the Name box or social security number in the Social Security box below, and click Find. Search on partial name and social security is supported.

You can also search by abstract status and/or source by selecting from the drop-down lists provided.

Name  Social Security  Status  Source

DxDate  (YYYYMMDD or YYYY) AbsRefID

- Select Find and a list of abstracts will populate.
- Select Open in the Action column next to the incomplete abstract you would like to review.

## For those who UPLOAD files in Web Plus

### File Requirements

In Web Plus v25, OCISS will be able to accept v24 and v25 formatted files.

- For v25 files, edits will run when you upload the file.
- For v24 files, OCISS will run the edits manually after the file has been uploaded.
- If you are only able to submit v23 files, please contact Kaitlin Kruger ([Kaitlin.Kruger@odh.ohio.gov](mailto:Kaitlin.Kruger@odh.ohio.gov)).

All file uploads must contain the OH Tobacco History field. Your software vendor should have added an Ohio specific export that will allow you to export the Ohio tobacco field. When submitting files, please be sure to use the Ohio export option, otherwise OH Tobacco History will be missing from the file, all abstracts will have edits, and the file will be rejected.

File uploads are still expected to be **100% edit error free** regardless of file version.

- Select “OCISS: Vs25B Abstracts” editset to run edits for State submission.
- The hospital editsets are also included for CoC facilities who may wish to use them.

All NAACCR file submissions **should have a unique name** and meet the following requirements: file names should contain your hospital name (this can be abbreviated or your OCISS RSID), date of export, reflect the number of files being submitted if you upload more than one file at a time, and indicate if the file contains modified records. If you also report to CoC and would find it beneficial to distinguish your CoC file from your OCISS file, you can include that in your filename, too.

- Ex: RSID\_State Export\_07042025.xml or HOSPName\_OCISSExport07042025\_1of3.xml.

### LINK TO EDITS METAFILE AND XML DICTIONARY

The v25B metafile for Ohio is available [here](#). The v25 XML User Dictionary for Ohio is available [here](#). These resources have been shared with vendors who provide software to Ohio hospitals.

The v24A metafile will still be used on NAACCR V24 submissions.

### MODIFIED RECORD REPORTING REQUIREMENTS

OCISS will continue to collect Modified (M) Records in NAACCR v25. M records are full NAACCR abstracts, but they are only generated if an update has been made to certain fields on an abstract that was already sent to the state. Type M abstracts will allow OCISS to receive data timelier, as the initial abstract can be reported within six months, and if any changes or updates are made to the abstract after the initial report, then OCISS will receive an M record to update our system.

Beginning with v25, OCISS has added seven additional data items that will generate an M record. Due to these changes, **we are asking that everyone wait to submit their annual M records until they have been upgraded to v25**. Please see Appendix G in the [Reporting Source Manual](#) for the full list of data items.

**We recommend you pull a file of NEW cases prior to pulling files of UPDATED cases.** Please see the M record reporting requirements below.

All Ohio hospitals that have their own cancer registry software are expected to send M (modified) record reports to OCISS for cases with a date of first contact within the past two calendar years. For instance, in 2025, M records would be required for cases with a date of first contact in 2023 and 2024. M records should be submitted annually during the month of July.

M records can be leveraged to improve timeliness in reporting. If treatment has not been completed within six months of date of diagnosis or first contact, type A records should be submitted with the information available. When first course treatment is completed, M records should be submitted with the updated treatment information. If your facility does not have the ability to send M records, abstracts should be held until treatment has completed.

- New cases should continue to be reported as type A records. M records should only be submitted for records that were previously sent to the state (i.e., please do not submit new cases as record type M).
- A record reporting should precede M record reporting.
- M records should only be triggered by changes or updates to the list of data fields specified by OCISS. This list has been shared with vendors who provide software to Ohio hospitals; it is also available in Appendix G of the [Reporting Source Manual](#).
- M records should be submitted in separate files from type A records.
- M record submissions should be 100% edit-error free, same as for A records.
- M record submissions should be limited to 250 abstracts per file.
- The filename for M record submissions must meet the requirements for files uploads AND indicate the file contains modified records. For example, "RSID\_StateExport\_MRecords\_07012025.xml".
  - o All file submissions must have a unique name and meet the following requirements: file names should contain your hospital name (this can be abbreviated or your OCISS RSID), date of export, reflect the number of files being submitted if you upload more than one file at a time, and indicate if the file contains modified records. If you also report to CoC and would find it beneficial to distinguish your CoC file from your OCISS file, you can include that in your filename, too.

## OHIO TOBACCO HISTORY AND TOBACCO USE SMOKING STATUS

OCISS continues collecting tobacco history in our state-specific field. Ohio Tobacco History is required and should be reported. For hospitals with their own software, you may need to complete the Tobacco Use Smoking Status field as well.

These two fields should be in sync. For example, if Tobacco Smoking Status indicates the patient is a non-smoker, then OH Tobacco History should indicate the same. Please see below for additional guidance.

If OH Tobacco History is...	Then Tobacco Smoking Status should be...
0 - Never Used	0 - Never Smoker
1 - Cigarette smoker, current	1 - Current smoker
2 - Cigar/Pipe smoker, current	1 - Current smoker
3 - Snuff/Chew/Smokeless, Current	9 - Unknown if ever smoked
4 - Combination use, current	9 - Unknown if ever smoked
5 - Previous use	2 - Former smoker
6 - E-cigarette, current	9 - Unknown if ever smoked
7 - Other tobacco use, current (waterpipes, dissolvables)	9 - Unknown if ever smoked
9 - Unknown	9 - Unknown if ever smoked

## Tips for Troubleshooting Web Plus

Sometimes, users experience issues signing into Web Plus. We have included a list of tips to help troubleshoot below. Please contact Kaitlin Kruger ([Kaitlin.kruger@odh.ohio.gov](mailto:Kaitlin.kruger@odh.ohio.gov)) if you are experiencing challenges accessing the system.

- Please use Google Chrome when signing into Web Plus.
- Web Plus works best when accessed from a desktop computer.
- Use either of these links to access Web Plus directly: <https://odhgateway.odh.ohio.gov/webplus/logonen.aspx> OR <https://odhgateway.odh.ohio.gov/webplus/>.
- Try typing the URL into the browser instead of copying or clicking on the link.
- Please clear your browser history and cookies if your sign in attempts fail. To clear your browser history in Google Chrome, you can press control-H on the keyboard, and it will open your history on a new tab. There should be a button for “clear browsing history.”
- If you are connected to a VPN, try disconnecting before accessing Web Plus.
- Verify that you don’t have Web Plus open in multiple tabs.
- You can also try using an incognito window when accessing Web Plus (in Chrome, click Ctrl-Shift-N to open an incognito window).
- Please make sure you are signing out of the system when you have completed your work. Issues can arise when your previous session expires.
- We do not recommend storing your password in your browser’s history.

## Links to Web Plus manuals

Our Web Plus user manuals are available on our website.

[Non Hospital Data Entry.](#)

[Hospital Data Entry.](#)

[Hospital File Upload.](#)